Ontario

Ministry of Health and Long-Term Care

Inspection Report under the Long-Term Care Homes Act, 2007

Ministére de la Santé et des Soins de longue durée

Rapport d'inspection prévue le Loi de 2007 les foyers de soins de longue

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

Ottawa Service Area Office
347 Preston St, 4th Floor
OTTAWA, ON, K1S-3J4
Telephone: (613) 569-5602
Facsimile: (613) 569-9670

Bureau régional de services d'Ottawa
347, rue Preston, 4iém étage
OTTAWA, ON, K1S-3J4
Téléphone: (613) 569-5602
Télécopieur: (613) 569-9670

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Date(s) of inspection/Date(s) de l'inspection	Inspection No/ No de l'inspection	Type of Inspection/Genre d'inspection
Nov 8, 9, 14, 15, 16, 17, 18, 23, 2011	2011_035124_0030	Complaint

Licensee/Titulaire de permis

GIBSON HOLDINGS (ONTARIO) LTD
343 Amherst Drive, Amherstview, ON, K7N-1X3

Long-Term Care Home/Foyer de soins de longue durée

HELEN HENDERSON NURSING HOME
343 Amherst Drive, Amherstview, ON, K7N-1X3

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

LYNDA HAMILTON (124)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

During the course of the inspection, the inspector(s) spoke with the Administrator, Director of Care, nurse practitioner, registered nurses, registered practical nurses, personal support workers, physiotherapist and residents.

During the course of the inspection, the inspector(s) reviewed resident health records, the home's medication policy and procedure, falls prevention program and staffing plan and observed the delivery of care.
This inspection was conducted related to three complaints with log numbers O-001088-11, O-001634-11 and O-001948-11.

The following Inspection Protocols were used during this inspection:

Continence Care and Bowel Management

Falls Prevention

Medication

Personal Support Services

Sufficient Staffing

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Findings of Non-Compliance were found during this inspection.

NON-COMPLIANCE / NON-RESPECT DES EXIGENCES	
Legend WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order	Legendé WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités
Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.) The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.	Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD. Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.

WN #1: The Licensee has failed to comply with O.Reg 79/10, s. 8. Policies, etc., to be followed, and records

Specifically failed to comply with the following subsections:

s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,
(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and
(b) is complied with. O. Reg. 79/10, s. 8 (1).

Findings/Faits saillants :

1. The Licensee has failed to comply with O.Reg 79/10, s. 8. (1) Where the Act or this Regulation requires the licensee of a long-term care home to have, institute or otherwise put in place any plan, policy, protocol, procedure, strategy or system, the licensee is required to ensure that the plan, policy, protocol, procedure, strategy or system,

(a) is in compliance with and is implemented in accordance with applicable requirements under the Act; and

(b) is complied with. O. Reg. 79/10, s. 8 (1), in relation to

O. Regulation 79/10, s.114 (2), where the licensee shall ensure that written policies and protocols are developed for the medication management system to ensure the accurate acquisition, dispensing, receipt, storage, administration and destruction and disposal of all drugs used in the home.

The following instances show that the licensee failed to comply with s. 8. (1) (b) to ensure that the written policy and procedures regarding medication administration were complied with.

The home's Drug Administration-Preparation, Administration and Documentation procedures states, "If the medication is refused or withheld, then the reason why is coded with the appropriate number on the MAR sheet and written in the progress notes and the medication is discarded and the physician is notified if this becomes a recurring issue for a particular resident.

A resident's prescribed dose of laxative was held from for a number of days and not all days had a progress note written to document the laxative being held.
There was no notation in the physician's book or progress notes by the physician to indicate the physician was notified that the resident's laxative was being held.

Two of the five registered practical nurses who were interviewed by the inspector reported that the holding of a laxative was a nursing intervention and would not require contacting the physician.
This finding relates to Log O-001088-11.

WN #2: The Licensee has failed to comply with O.Reg 79/10, s. 131. Administration of drugs

Specifically failed to comply with the following subsections:

s. 131. (2) The licensee shall ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber. O. Reg. 79/10, s. 131 (2).

Findings/Faits saillants :

1. The following instances show the licensee failed to comply with s. 131. (2) in that it failed to ensure that drugs are administered to residents in accordance with the directions for use specified by the prescriber.

A resident had been prescribed a laxative at bedtime.
It is documented on the Bowel Movement Record that the resident had loose stools for a number of days.
The resident's medication administration record for that specific month indicated that the resident's laxative was on hold and not administered.
The resident did not have a bowel movement for a number of days and as a result, required additional interventions.
This finding related to Log O-001088-11.

Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure all registered staff comply with the home's medication policy and procedure regarding the administration of laxatives, to be implemented voluntarily.

Issued on this 23rd day of November, 2011

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Lynda Hamilton